



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

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<b>SERIAL NUMBER</b> 09/598,604	<b>FILING DATE</b> 06/21/2000 <b>RULE</b> _	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 50172/002001
<b>APPLICANTS</b> Barbara B. Lambi, Nahant, MA ;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 08/23/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 17
Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		INDEPENDENT CLAIMS 5		
<b>ADDRESS</b> Paul T Clark Clark & Elbing LLP 176 Federal Street Boston ,MA 02110				
<b>TITLE</b> Novel organism associated with nongonococcal urethritis				
<b>FILING FEE RECEIVED</b> 423	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 7546

<b>SERIAL NUMBER</b> 09/598,604	<b>FILING DATE</b> 06/21/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 50172/002001
<b>APPLICANTS</b> Barbara B. Lambi, Nahant, MA;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/23/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>INDEPENDENT CLAIMS</b> 5		
<b>ADDRESS</b> CLARK & ELBING 101 FEDERAL ST. BOSTON ,MA 02110				
<b>TITLE</b> Novel organism associated with nongonococcal urethritis				
<b>FILING FEE RECEIVED</b> 755	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	